

Operational Control Document	
<b>A. Significant OSH Hazard:</b> Falls	<b>B. Objective(s):</b> Comply with applicable regulations and other requirements
<b>C. Document Control Code:</b> ESC-OC-5.1-1	<b>D. Date:</b> 6-4-10 <b>Revision Date:</b>
<b>1. Source of Hazard (activities):</b> <ul style="list-style-type: none"> <li>• Trip hazards from equipment, tools, cords, stairs, curbs, uneven surfaces, etc.</li> <li>• Slip hazards from wet floors, ice on ground, leaking equipment, etc.</li> <li>• Using stairs (indoor and outdoors) and entrance stairs and ramps.</li> </ul>	
<b>2. Legal and Other Requirements (specific to activities):</b> <ul style="list-style-type: none"> <li>• 29 CFR 1910 Subpart D, Walking-Working Surfaces, and Subpart N, Materials Handling and Storage</li> <li>• FAA Order 3900.19B Chapter 9, Reports by Employees on Hazardous Conditions; Chapter 31, Office Safety</li> <li>• AC Order 3900.21F Chapter 9, Reports by Employees on Hazardous Conditions; Fall Protection; Chapter 31, Office Safety; and Chapter 36, Walking and Working Surfaces</li> <li>• OSHA Voluntary Protection Program Policies and Procedures Manual, Directive #CSP03-01-003</li> </ul>	
<b>3. Operational Controls (such as engineering, administrative where applicable):</b> <ul style="list-style-type: none"> <li>• Conduct quarterly office safety inspections</li> <li>• Report facility slip/trip safety issues to the AMP "Trouble Desk" at 954-3687.</li> <li>• Report hazardous conditions in accordance with AC Order 3900.21F Chapter 9, Reports by Employees on Hazardous Conditions</li> </ul>	
<b>4. Maintenance plan(s) for the operational controls:</b> <ul style="list-style-type: none"> <li>• Operational controls shall be reviewed at least annually by the organization OSHMS Representative.</li> </ul>	
<b>5. Actions to be taken if controls fail:</b> <ul style="list-style-type: none"> <li>• Complete a mishap report (AC Form 3900-11)</li> </ul>	
<b>6. Record(s):</b> <ul style="list-style-type: none"> <li>• Records of organization fall-related mishaps</li> <li>• Records of quarterly office safety inspections</li> </ul>	
<b>7. Responsibility:</b>	
<b>Controls (from Section 3 above)</b>	<b>Responsible Individual</b>
Conduct quarterly office safety inspections	Organization OSHMS Representative or alternate
Report facility slip/trip safety issues to AMP "Trouble Desk" at 954-3687	Responsible Organization Personnel
Report Hazardous conditions in accordance with AC Order 3900.21F Chapter 9, Reports by Employees on Hazardous Conditions	Responsible Organization Personnel


**OSHMS**

8. Competency (as evidenced by training, experience, or education.)	
Title or Name	Competence
Primary OSHMS Representative: <ul style="list-style-type: none"><li>Elizabeth Probst, AMK-10</li></ul>	OSHA Course 6000 (or equivalent)
Alternate OSHMS Representatives: <ul style="list-style-type: none"><li>Amy Martin, AMZ-10</li><li>Deann Crowley, AMI-10</li></ul>	OSHA Course 6000 (or equivalent)
Responsible Organization Personnel	OSHMS – 18001 Awareness Briefing
Authorization	
<i>Marshal R. Gimpel</i>	
Marshal Gimpel, Director, AMK-1	Date 6/4/10

OSHMS

Operational Control Document	
<b>A. Significant OSH Hazard:</b> Biological	<b>B. Objective(s):</b> Manage the prevention of occupational health exposures to substances with known hazardous properties
<b>C. Document Control Code:</b> AMI-OC-1.1-1	<b>D. Date:</b> 6/17/2009 <b>Revision Date:</b> 4/9/2010
<b>1. Source of Hazard (activities):</b> <ul style="list-style-type: none"> <li>• Toxicological boxes received for CAMI.</li> </ul>	
<b>2. Legal and Other Requirements (specific to activities):</b> <ul style="list-style-type: none"> <li>• FAA Order 3900.19B, Hazard Communication Program</li> <li>• 29 CFR 1910.1030, Toxic and Hazardous Substances</li> <li>• AC Order 3900.21F Chapter 17, Blood borne Pathogens</li> <li>• OSHA Voluntary Protection Program Policies and Procedures Manual, Directive #CSP03-01-003</li> <li>• MMAC Environmental Management System plan for Biological Waste Generation MMAC-EMP-2.14</li> <li>• MMAC Mail Services Contract</li> </ul>	
<b>3. Operational Controls (such as engineering, administrative where applicable):</b> <ul style="list-style-type: none"> <li>• Proper packing/shipping procedures are available to outside sources.</li> <li>• Suspicious packages are reported to MMAC security guards.</li> <li>• Observe universal precautions to prevent or minimize contact with blood or other potential infectious material in accordance with AC Order 3900.21F, Chapter 17, Blood borne Pathogens.</li> </ul>	
<b>4. Maintenance plan(s) for the operational controls:</b> <ul style="list-style-type: none"> <li>• Operational controls shall be reviewed at least annually by the organization OSHMS Representative.</li> </ul>	
<b>5. Actions to be taken if controls fail:</b> <ul style="list-style-type: none"> <li>• Ensure that medical treatment if exposed, FTE individuals are referred to AAM-700 CAMI for post-exposure evaluation and Contractor employees will follow their Company's policy.</li> <li>• Complete a mishap report (AC Form 3900-11): accident, injury, health situation, all spills.</li> </ul>	
<b>6. Record(s):</b> <ul style="list-style-type: none"> <li>• AMP keeps records of mishaps and corrective action reports.</li> <li>• Completed training records will be kept in eLMS for FTE employees and the proper personal (COTR or Contracting Company) will keep it for the Contract Employees.</li> </ul>	

# OSHMS

<b>7. Responsibility:</b>	
<b>Controls (from Section 3 above)</b>	<b>Responsible Individual</b>
Proper packing/shipping procedures are available to outside sources.	Responsible Organization Employees
Guard inspects suspicious packages.	Responsible Organization Employees
<b>8. Competency (as evidenced by training, experience, or education.)</b>	
<b>Title or Name</b>	<b>Competence</b>
Responsible Organization Employees	Aware of FAA Order 3900.19B, 29 CFR 1910.1030
Organization OSHMS Representative or Alternate	OSHA Course 6000
<b>Authorization</b>	<b>Date</b>
Top Management  Acty AMI-2	9 APR 2010

### Operational Control Document

<b>A. Significant OSH Hazard:</b> Respiratory	<b>B. Objective(s):</b> <ul style="list-style-type: none"> <li>Comply with applicable regulations and other requirements</li> <li>Protect MMAC personnel from respiratory hazards</li> </ul>
<b>C. Document Control Code:</b> AMI-OC-10.1-1	<b>D. Date:</b> 6/14/2010
<b>1. Source of Hazard (activities):</b> <ul style="list-style-type: none"> <li>Telecommunications personnel enter and attend confined spaces</li> </ul>	
<b>2. Legal and Other Requirements (specific to activities):</b> <ul style="list-style-type: none"> <li>29 CFR 1910.134, Permit-Required Confined Spaces and 1910.134, Respiratory Protection</li> <li>FAA 3900.19B Chapter 11, Confined Space Entry and Chapter 20, Respiratory Protection Program</li> <li>AC 3900.21F Chapter 11, Confined Space Entry</li> <li>OSHA Voluntary Protection Program Policies and Procedures Manual, Directive #CSP03-01-003</li> <li>ANSI Z88.2, Practices for Respiratory Protection</li> <li>ANSI Z88.6, Respiratory Protection Respirator Use</li> <li>ANSI/ASSE Z117.1, Safety Requirements for Confined Spaces</li> <li>MMAC Telecommunications Support Contract</li> </ul>	
<b>3. Operational Controls (such as engineering, administrative where applicable):</b> <ul style="list-style-type: none"> <li>Confined spaces are not entered until evaluated, use respiratory protection in accordance with instructions and training received.</li> <li>Obtain confined space entry permits, as applicable.</li> </ul>	
<b>4. Maintenance plan(s) for the operational controls:</b> <ul style="list-style-type: none"> <li>Operational controls shall be reviewed at least annually by the organization OSHMS Representative and respective Telecommunications organization.</li> </ul>	
<b>5. Actions to be taken if controls fail:</b> <ul style="list-style-type: none"> <li>Conduct after-action meeting to discuss necessary corrective actions, determine the root cause of failure, and modify documentation and any associated training.</li> <li>Contact AMP for refresher training.</li> </ul>	
<b>6. Record(s):</b> <ul style="list-style-type: none"> <li>Federal employee training record for Respiratory awareness is maintained in eLMS.</li> <li>The awarded Contracting Company keeps training records for their employees.</li> </ul>	
<b>7. Responsibility:</b>	
<b>Controls (from Section 3 above)</b>	<b>Responsible Individual</b>
Confined spaces are not entered until evaluated and use respiratory protection in accordance with instructions and training received.	Responsible organization personnel
Obtain confined space entry permits, as applicable.	Responsible organization personnel

OSHMS

8. Competency (as evidenced by training, experience, or education.)	
<b>Title or Name</b>	<b>Competence</b>
Responsible organization personnel	Confined Space Entry Training
Responsible organization management	Confined Space Entry Training
<b>Authorization</b>	<b>Date</b> 6/14/2010
<b>Top Management</b> Bo Peeler Acting Program Director, Office of Information Technology, AMI-1	

6/14/2010 CA Approved

OSHMS

Operational Control Document	
<b>A. Significant OSH Hazard:</b> Ergonomics	<b>B. Objective(s):</b> <ul style="list-style-type: none"> <li>• Comply with applicable regulations and other requirements</li> <li>• Protect MMAC personnel from serious ergonomic hazards</li> </ul>
<b>C. Document Control Code:</b> AMI-OC-4.1-1	<b>D. Date:</b> 6/14/2010
<b>1. Source of Hazard (activities):</b> <ul style="list-style-type: none"> <li>• Material shipping and handling, packaging and warehousing.</li> <li>• Lifting stock and packages, reaching, bending, awkward postures while moving.</li> <li>• Lifting/twisting/kneeling with packages/stock for storage and distribution.</li> </ul>	
<b>2. Legal and Other Requirements (specific to activities):</b> <ul style="list-style-type: none"> <li>• NIOSH (National Institute for Occupational Safety and Health) Element of Ergonomics Programs Musculoskeletal Disorders and Workplace Factors</li> <li>• AC Order 3900.21F Chapter 35, Ergonomics</li> <li>• FAA Human Factors Design Standard</li> <li>• NIOSH Element of Ergonomics Programs Musculoskeletal Disorders and Workplace Factors</li> <li>• OSHA Voluntary Protection Program Policies and Procedures Manual, Directive #CPS03-01-003</li> <li>• MMAC Mail Services Contract</li> <li>• AMP EOSH Services Contract</li> </ul>	
<b>3. Operational Controls (such as engineering, administrative where applicable):</b> <ul style="list-style-type: none"> <li>• Use appropriate lifting assistance such as "Buddy System," carts, dollies, pallet trucks, forklifts, hoists, etc.</li> <li>• Review new plans/processes for equipment/design changes related to ergonomics.</li> </ul>	
<b>4. Maintenance plan(s) for the operational controls:</b> <ul style="list-style-type: none"> <li>• Operational controls shall be reviewed at least annually by the organization OSHMS Representative and respective organization.</li> </ul>	
<b>5. Actions to be taken if controls fail:</b> <ul style="list-style-type: none"> <li>• Conduct after-action meeting to discuss necessary corrective actions, determine the root cause of failure, and modify the documentation and any associated training.</li> <li>• Contact AMP for refresher training and evaluation or reevaluation.</li> </ul>	
<b>6. Record(s):</b> <ul style="list-style-type: none"> <li>• Ergonomics awareness training kept in eLMS for federal employees and contracting company keeps for their employees.</li> </ul>	
<b>7. Responsibility:</b>	
<b>Controls (from Section 3 above)</b>	<b>Responsible Individual</b>
Use appropriate lifting assistance such as "Buddy System," carts, dollies, pallet trucks, forklifts, hoists, etc.	Responsible organization personnel.
Review new plans/processes for equipment/design changes related to ergonomics.	AMP Engineer or likewise qualified personnel, with AMK space management POC's.
ATTACHMENT 6	

OSHMS

8. Competency (as evidenced by training, experience, or education.)	
Title or Name	Competence
Authorization	Date 6/14/2010
Top Management Bo Peeler, Acting Program Director, Office of Information Technology, AMI-1	

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Operational Control Document	
<b>A. Significant OSH Hazard:</b> Physical	<b>B. Objective(s):</b> <ul style="list-style-type: none"> <li>• Comply with applicable regulations and other requirements</li> <li>• Protect MMAC personnel from physical hazards</li> </ul>
<b>C. Document Control Code:</b> AMI-OC-8.1-1	<b>D. Date:</b> 4/7/2010
<b>1. Source of Hazard (activities):</b> <ul style="list-style-type: none"> <li>• Forklift operations</li> <li>• Material shipping, receiving, packaging and warehousing operations</li> <li>• Overhead storage and retrieval</li> <li>• Loading/unloading of stock</li> </ul>	
<b>2. Legal and Other Requirements (specific to activities):</b> <ul style="list-style-type: none"> <li>• 29 CFR 1910 Subpart N, Materials Handling and Storage; 1910 Subpart O, Machinery and Machine Guarding; 1910.242, Hand and Portable Powered Tools and Equipment, General; and 1910.243, Guarding of Portable Powered Tools</li> <li>• FAA Order 3900.19B Chapter 25, Personal Protective Equipment (PPE); Chapter 26, Industrial Technologies; and Chapter 32, Materials Handling and Storage</li> <li>• AC Order 3900.21F Chapter 25, Personal Protective Equipment (PPE); Chapter 26, Industrial Technology Program; and Chapter 32, Materials Handling and Storage</li> <li>• OSHA Voluntary Protection Program Policies and Procedures Manual, Directive #CSP03-01-003</li> <li>• MMAC Mail Services Contract</li> </ul>	
<b>3. Operational Controls (such as engineering, administrative where applicable):</b> <ul style="list-style-type: none"> <li>• Operate forklifts in accordance with site-specific operating procedures.</li> <li>• Inspect forklift daily or before each use</li> </ul>	
<b>4. Maintenance plan(s) for the operational controls:</b> <ul style="list-style-type: none"> <li>• Operational controls shall be reviewed at least annually by the organization OSHMS Representative.</li> <li>• Preventative maintenance per manufacturer's recommendations.</li> <li>• Review organization mishaps related to forklifts on at least an annual basis.</li> </ul>	
<b>5. Actions to be taken if controls fail:</b> <ul style="list-style-type: none"> <li>• Conduct after-action meeting to discuss necessary corrective actions, determine the root cause of failure, and modify the documentation and any associated training.</li> <li>• Complete a mishap report (AC Form 3900-11)</li> </ul>	
<b>6. Record(s):</b> <ul style="list-style-type: none"> <li>• MMAC forklift license (or record of forklift training/recertification (recertification is required at least once every 3 years))</li> </ul>	

# OSHMS

<b>7. Responsibility:</b>	
<b>Controls (from Section 3 above)</b>	<b>Responsible individual</b>
Operate forklifts in accordance with site-specific operating procedures.	Forklift Operators
<b>8. Competency (as evidenced by training, experience, or education.)</b>	
<b>Title or Name</b>	<b>Competence</b>
Forklift Operators	Forklift Operator Training
Organization OSHMS Representative or Alternate	OSHA Course 6000
<b>Authorization</b> <i>Bo Peeler</i> For	<b>Date</b> 8 APR 2010
Bo Peeler, Acting Director, AMI-1	

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1/6/10  
Scott  
Freeman